

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031152

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 270

STATE FILE NUMBER

FILED AUG 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give township only) <u>Hubert</u>		c. CITY OR TOWN <u>Hubert</u>	
c. FULL NAME OF (If not in hospital, give location) <u>Stella Hoop</u>		d. STREET ADDRESS (If outside, give location) <u>Hubert</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EFFIE LOVELLA REEBOWER</u>		4. DATE OF DEATH Month Day Year <u>Aug 9 63</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-25-1878</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9c. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>85</u> Months Days Hours Min.
10a. FATHER'S NAME <u>Emmanuel Reebower</u>		10b. MOTHER'S MAIDEN NAME <u>Mahellie Hall</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. NAME OF HUSBAND OR WIFE <u>E.F. Reebower</u>		14. SOCIAL SECURITY NO. <u>Mr E.F. Reebower</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Paralysis throat muscles.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-7-63</u> to <u>8-9-63</u> and last saw her alive on <u>8-9-63</u> Death occurred at <u>8:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Rogers</u>		22b. ADDRESS <u>Hubert MO</u>	
22c. DATE SIGNED <u>8-10-63</u>		22d. LOCATION (City, town, or county) (State) <u>Hubert MO</u>	
23a. NAME OF CEMETERY OR CREMATORY <u>Myra Cemetery</u>		23b. DATE <u>8-11-63</u>	
24. FUNERAL DIRECTOR <u>Harry J. Horn</u>		25. DATE RECD. BY LOCAL REG. <u>8-10-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		27. (Used Embalmer's Statement on Reverse Side)	

Permit issued Aug 9/1963

R. O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 4619

P. O. Address

[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.